



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM



Complete appropriate sections below, attach voided check, deposit slip or letter from financial institution and return to Provider Network Operations:

FAX TO: 602-778-1875

QUESTIONS: 602-778-1800 (Options 5, 7)

Section I New EFT Setup Change in Account Number Change in Account Type Change in Financial Institution
 Cancellation Request (complete sections II, III and V only)

Section II PAYEE IDENTIFICATION

Federal Employer's Identification Number (EIN): _____ - _____ - _____ Or Social Security Number (SSN): _____ - _____ - _____
(Disclosure of your Social Security Number is voluntary pursuant to 42 USC 405(c)(2)(C). The State of Arizona will use your SSN or EIN to file required information returns with the Internal Revenue Service)

_____ _____ _____
Payee Name (provider) Business Phone Business Fax

_____ _____ _____
AHCCCS/Medicare ID# NPI# Email Address

_____ _____ _____ _____
Address City State Zip Code

Section III AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

I authorize Care1st to process payments owed to me via Electronic Funds Transfer (EFT) deposits. Care1st shall deposit the electronic payments in the financial institution and account designated below. I authorize Care1st to debit my account for transactions posted in error.

I certify that I have read and agree to comply with Care1st rules, governing payments and electronic transfers as they exist on this form or as subsequently adopted, amended, or repealed. I certify that I am authorized to initiate electronic funds transfer (EFT) for the entity receiving deposits, pursuant to this agreement, and that all information provided is accurate.

_____ _____ _____
Signature (Required) Title Date

Section IV FINANCIAL INSTITUTION

Bank Name: _____

Bank Address: _____ City _____ State: _____ Zip Code _____

Branch Phone Number: _____ - _____ - _____

Routing transit number: _____ Customer Account Number: _____

Type of Account: Checking: _____ Savings: _____

Attach voided check (checking acct) or deposit slip (savings acct) when submitting. If a voided check is not available, please request a letter from your financial institution on bank letterhead, which reflects the routing and account numbers. Forms presented without a copy of voided check, deposit slip, or bank confirmation will be returned to the requestor, unprocessed. Confirmation of EFT setup will be faxed once complete.

Section V CANCELLATION

Reason: _____ Date: _____

FOR INTERNAL USE ONLY: Vendor # _____ EC# _____

Set Up Completed By/Date _____

EFT projected for claims paid the week of _____

Confirmation Sent to Provider via Fax / Email on _____ by _____